# Paper 4: Pandemic Influenza – Local Tier Engagement

At the Pan Flu Readiness Board on 16th November, it was agreed that MHCLG (then DCLG) would increase our knowledge of capability at the local level by:

a) conducting one-to-one interviews with LRFs (December 2017);
b) organising workshops with local partners to drill down into issues identified by the interviews (January - February 2018);
c) considering how best to continue local engagement beyond March.

MHCLG has now conducted one-to-one interviews with 35 LRFs and has scheduled four follow-up workshops, which will take place across the country in late-January/early-February.

This paper contains the key initial findings from the LRF interviews, and a proposed agenda for the upcoming workshops, for the Board's approval. It also contains a proposal for engaging with the local tier beyond March.

## 1. One-to-one interviews with LRFs

MHCLG RED resilience advisers interviewed 35 LRFs in December. The questions (agreed by PRFB and included at **Annex A**) were designed to address specific gaps in information about local capability.

An analysis highlighting the key answers is included at **Annex B**. We are happy to share the wider data set, including comments on an LRF-by-LRF basis, with those partners who wish to see the breadth of responses received.

Given the number of local partner organisations that make up each LRF, and the broad nature of the questions, it was not possible during the interviews to drill down into all aspects of the questions. However, the workshops have been designed to clarify and expand on key areas of concern / interest.

### Overview of responses

- In general the responses showed a high level of local planning for a pandemic flu event. This was in contrast to the responses received in the Resilience Capability Survey (which had indicated that only about half of category one responders had specific plans, half had generic plans, and a small number had no plan at all). We propose to explore this discrepancy further at the workshops.
- Local areas use a variety of central guidance and there is a clear desire for up to date and consistent guidance from the centre on both the planning process and communications issues.

- There are generally good links between local partners but these need strengthening with some sectors e.g. schools and colleges, and private care providers. We will also explore this issue further at the workshops.

**Annex B** sets out the key issues identified from the interviews.

2. **Workshops with local partners** ( January – February 2018)

We have set up a series of workshops to bring together groups of local representatives to **discuss specific issues around local level planning and preparedness highlighted by the interviews.** We have opted for four workshops to optimise attendance. They will take place on:

- 31 January – Leeds
- 1 February – Birmingham
- 7 February – Bristol
- 14 February – London

Colleagues from Cabinet Office (CCS) DH, DfE and HMPPS will be taking part in the workshops to explain the scope of the national work, highlight proposals for outputs from the programme, and explore issues for their sector with local partners. DAs have also been invited to take part in the workshops.

The workshops will also contain two table top sessions. One that specifically looks at the key issues coming out of the interviews, and another that focuses wider sector resilience.

Our proposed agenda for the workshops is:

| MHCLG Pandemic Influenza local tier workshops<br>*DRAFT AGENDA* | | |
|---|---|---|
| 5 minutes | Welcome and introduction<br><br>Aims and objectives:<br><br>- To get a better understanding of the pandemic flu capability at local level and the impact an outbreak would have<br>- To update local partners on the central government work programme on pan-flu | MHCLG |
| 20 minutes | National overview<br><br>To set the context for the workshop a national level overview, covering:<br><br>- How the pan flu risk is expressed on the national risk register, and the planning assumptions that go with it (CCS) | CCS / DH |

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| | - An overview of the cross-government work programme (DH)<br>  o Background<br>  o Work streams<br>  o Deliverables<br>  o Next steps | |
| 15 minutes | <u>To Be Confirmed – Devolved Administrations</u><br><br>We are working with the DAs on whether they could do a joint presentation on their pan-flu arrangements | Tbc |
| 10 minutes | <u>HMPPS</u><br><br>Overview of HMPPS interest in the work programme, lessons from Exercise Cygnus and links with the local level<br><br>Tbc – London or Birmingham | **Name Redacted** |
| 15 minutes | <u>DfE – Children's social care</u><br><br>To explain the issues as they see them and the impacts of a pandemic flu outbreak on the children's social care.<br><br>Tbc – Leeds and London | **Name Redacted** |
| 60 minutes | <u>Table discussion – The Local Perspective: what we learned from the questions</u><br><br>Table discussions drilling down into the key issues raised by local partners in the questions. This will include:<br><br>• Is current central guidance fit for purpose?<br>• Plans vs Frameworks – what works? What concerns do you have around the robustness of your plans? Are they broad enough?<br>• **Tbc – Financial impact of a pan flu outbreak (board to consider if this would be useful)**<br>• How can links with local schools and colleges [**and prisons?**] be improved? Do you have the mechanisms in place to obtain information from them during an outbreak? | MHCLG |
| 10 minutes | Comfort break | |
| 60 minutes | <u>Table discussion – Exploring sector resilience</u><br><br>• What information can be shared and how can it be shared?<br>• Are your business continuity plans robust? How will you cope with anticipated levels of staff absenteeism during a pandemic? How will you manage and prioritise service levels?<br>• What are your biggest concerns?<br>• Are your methods of recording staff levels sufficient to provide accurate, real-time data (to central government)? What more could be done? | MHCLG |

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| | | |
| 30 minutes | Lunch | |
| 10 minutes | Feedback on good practice<br>• We will ask delegates to note down good practice worth sharing throughout the day and feedback at the end of the workshop | MHCLG |
| 10 minutes | Ongoing engagement with the local tier<br>• We plan to use this session to discuss future engagement between the central and local level.<br>• Outline the purpose – we would like to test deliverables / products with local partners before they are published<br>• What would you like to get from being part of a working group?<br>• Are you interested in joining a working group to continue to engage with central government beyond February / March? | MHCLG |

MHCLG is continuing to work with CCS colleagues to finalise the agenda, but ***is the Board content with the direction/focus of the proposed agenda?***

***Are any PFRB members not currently involved in the workshops that would like to be?***

***Does the Board think that a session on financial impacts would be useful?***

## 3. Engagement with the local tier beyond March

### Working Group

To ensure that the local tier continues to engage with any pandemic flu work beyond March, we propose that interested workshop attendees **form a working group** which would be facilitated by MHCLG. This group could helpfully provide a local perspective on any deliverables/ outputs before they are finalised, particularly in terms of pitch, language etc.

***Does the Board agree that on-going engagement between this working group and PFRB beyond March would be beneficial?***

### Outputs

Once the outputs from this work have been finalised it would be helpful to ensure LRFs (and wider local partners) are included in any dissemination strategy. MHCLG will circulate documents to all LRFs. The next LRF Chair's conference is March 22nd 2018, which could provide good timing for disseminating early findings ahead of the reports being available.

***Does the Board have any further suggestions?***

Name Redacted and Name Redacted (MHCLG)

**Annex A**

## Pandemic Influenza Readiness Board: Local engagement paper

### Local Resilience Forums questions

1. Which existing guidance / documentation do you use most regularly to support pan flu preparedness?

2. Do you have pandemic flu plans in place for your local area?

2a. Do they include adult and / or children's social care?

2b. Do they consider community care e.g. district nurses, health visitors, falls services? For example, how to manage increased discharge from hospital of patients requiring community health care.

2c. Do they include managing workforce absenteeism within local authorities, or other organisations? Does this include consideration of the minimum service deliverable during a pandemic? Can you provide some detail? How will staff absenteeism be recorded?

3. In the case of a flu pandemic what information would you need to receive to enable adult social care to continue to function, and deal with the additional demands on the service?

   How will pressure points be highlighted?

   Which organisations would this information come from?

4. Do you have the necessary links with your local authority, local health providers and other organisations to get you the information you will require in a flu pandemic?

   Are there any gaps?

5. Do your local authorities have the necessary links with schools and colleges in your area (both those under LA control, and those not) to get you the information you will require in a flu pandemic?

6. Have your pandemic flu plans been tested in the last 24 months?

   If not, are there plans to test them?

   Have you any concerns on the robustness of the plans for your local area?

   Will the plans enable business continuity across your local area? Are you confident you have emergency contacts in place to engage all relevant agencies during a flu pandemic?

7. What do you think the financial impact of pandemic flu would be on local authorities in your area?

8a. How do you want to be kept in touch with the outputs from the cross-government work programme on pandemic flu?

8b. What kind of centrally developed communications for use with local public / local organisation would you like to see regarding preparedness for / prevention of a flu pandemic?

8c. Would you be interested in attending a workshop on communications to discuss this in more detail?

9a. What communications plans do you have in place currently and how confident are you in them?

9b. If you do have a communications plan in place, how are you ensuring that messages reach all population groups?

9c. Do you foresee any particular communications 'hotspots' or topics where there may be a high demand for information either around particular groups of people, or around particular themes?

If so, how do you plan to deal with them? Is there anything missing that should be built into DCLG's pandemic communications plan?

**Annex B**

## Pandemic Influenza Readiness Board: Local Engagement Paper

In December 2017 DCLG Resilience and Emergencies Division carried out interviews with Local Resilience Forums (LRFs)[1]. The aim was to achieve a greater understanding about local pandemic flu planning, and the likely impact of an outbreak. Following an analysis of the responses, the key issues identified from the interviews are set out below:

| Q1:<br><br>Which existing guidance / documentation do you use most regularly to support pan flu preparedness? |
|---|

LRFs use a wide range of guidance, most of which is accessed online via the gov.uk website. Most frequently used are: [numbers of LRFs who cited using the documents is stated in brackets]

- DHSC UK Influenza Pandemic Preparedness Strategy 2011 (updated June 2014) [19]
- DHSC Health and Social Care influenza pandemic preparedness and response 2012 [15]
- PHE Pandemic influenza response plan August 2014 [16]
- PHE Pandemic influenza strategic framework August 2014 [11]
- NHS England operating framework for managing the response to pandemic influenza. October 2013 [11]
- Cabinet Office Preparing for pandemic influenza – guidance for local planners July 2013 [12]

Also used by fewer LRFs are:

- DHSC UK Pandemic influenza communications strategy 2012 [7]
- NHS England – Roles and responsibilities of CCGs in preparing for and responding to an influenza pandemic 2013 [7]
- NHS England Pandemic influenza – NHS Guidance on the current and future preparedness in support of an outbreak January 2017 [4]

Smaller numbers of LRFs referenced using:

- PHE Exercise Cygnus Report: Tier One Command Post Exercise Pandemic Influenza (2017) [3]
- PHE Flu Plan winter 2014 / 15 [3]
- WHO Interim Guidance Pandemic Influenza Risk management 2013 [4]

[1] Interviews were held with 35 out of the 38 local resilience forums (LRFs) in England. Responses are awaited from the remaining LRFs.

- NHS England Concept of Operations for the management of mass casualties 2017 [2] – Hertfordshire stated that this is the main driver for their LRF pan-flu framework.

A small number of LRFs commented that the amount and outdated nature of some of the key guidance documents used to support pan-flu planning is unhelpful.

| Q2:<br><br>Do you have pandemic flu plans in place for your local area? |
|---|

All (except one) LRFs who responded either have specific local pan-flu plans in place or a framework which is supported by individual organisations' plans.

- Over half of respondents (22 LRFs) answered yes to having local pan-flu plans in place
- Just over a third of respondents (13 LRFs) have a pan-flu framework in place, which broadly speaking, set out the strategic aims and objectives, and are delivered through individual partner organisations plans.
- One LRF (Cumbria) stated that they have a pandemic flu response plan and are also covered by a health and social care framework.
- One LRF (Leicestershire) has a specific annex to their major incident plan which covers pan-flu

Six LRFs pointed out that individual organisations within the LRF plan for the impacts of pan-flu as part of their own business continuity management. We expect that this is the case for all areas. This assumption can be tested at the up coming workshops.

Two LRFs said that their plans require updating following recent exercises or are in the process of being updated. LRFs have a duty to review their plans regularly so this is not unexpected.

Q2a:

Do they include adult and / or children's social care?

- 27 LRFs told us that their plans (or frameworks) include adult and / or children's social care.
- 3 LRFs are in the process of agreeing co-ordination arrangements and will then include children's and adult social care in their frameworks.
- 2 LRFs stated that children's and / or adult social care was covered in other plans, such as the local authority organisation plan (Norfolk), or the county council business continuity plan pan-flu supplement (East Sussex County Council).
- 4 LRFS said that children's and adult social care was supported by business continuity plans.
- Only 2 LRFs said they had more work to do on this, given the on-going challenges in the social care system.

Q2b:

Do they consider community care e.g. district nurses, health visitors, falls services? For example, how to manage increased discharge from hospital of patients requiring community health care.

- Three-quarters of respondents (22 LRFs) say that community care is considered as part of the plan
- A fifth (7 LRFs) say that this is covered in other plans: either individual organisations' plans or as part of business continuity.
- 2 LRFs are working towards inclusion either through their plans to create a primary care escalation plan, or they are in the process of updating their existing multi-agency plans.
- 1 LRF (Cambridgeshire) said that while management of discharge from hospitals is not covered in the plan, there is assurance from the county council that increasing capacity in the community during a major incident is possible.

Q2c:

Do they include managing workforce absenteeism within local authorities, or other organisations? Does this include consideration of the minimum service deliverable during a pandemic? Can you provide some detail? How will staff absenteeism be recorded?

- About a third of respondents specifically told us that their plans include managing workforce absenteeism within local authorities. Most of these say that it is mentioned at high level, while the detail is in individual organisation's operational plans
- More than three quarters said that this was part of individual organisation's business continuity management plans, and that it is for organisations to plan for and manage absenteeism.
- Nearly half of respondents provided details on minimum service deliverable. The majority of these said this was also down to individual organisations and should be included in their BC plans.
- Some pointed out that this will change according to the scenario e.g. time of year, weather.
- Nearly half of respondents provided details on recording absenteeism. The majority of these said that it was down to individual organisations to manage, and that this would usually be recorded through the usual recording processes, and fed through to strategic levels.
- 3 LRFs (Cleveland, Lincolnshire and South Yorkshire) mentioned that information on absenteeism would be fed up through each organisation to senior levels.
- 1 LRF (Wiltshire and Swindon) told us that since the 2009 Swine Flu outbreak, as part of their standard sickness reporting tool, staff sickness can be recorded and coded as 'Pandemic Flu'.

Q3:

- In the case of a flu pandemic what information would you need to receive to enable adult social care to continue to function, and deal with the additional demands on the service?
- How will pressure points be highlighted?
- Which organisations would this information come from?

**Information required from local partners**:

- Accurate and regularly updated staff absence figures and early notification of any pressures on services.
- Agreed data sets from all health & social care providers to ensure a shared situational picture e.g. visits being made by district nurses etc. to help co-ordinate tasks, share workload, and reduce the number of visits needed
- Daily capacity /surge including staffing, hospital patient capacity, bed management, mortuary provision etc.
- PPE usage, availability, storage and distribution;
- Information from third party providers, highlighting any additional capacity available.

**Information required from Central Government**

- **Regular and accurate information** regarding the progress of the pandemic; transmission and groups most at risk from the strain of influenza, numbers of staff/carers likely to be affected by the flu etc.; allowing local partners to make estimates of the expected levels of pressure over the following weeks
- Availability of additional central resource / mutual aid including provision of anti-virals, PPE and other equipment;
- Use of prophylactics for staff and clients; Is there a vaccination? If there is how much is available?
- Precisely what materials will be made available? ie needles, masks, gloves etc. (In the last pandemic instead of single use loaded vaccines it came in a bottle with 10 doses).

**Pressure points would be highlighted through**:

- Multi agency command & control process (e.g information cells)
- Cross sector teleconferences – daily/weekly
- Situational reporting
- LRF Pandemic Flu Groups

- Using Health & Social Care Influenza Pandemic Preparedness & Response mechanism
- PHE weekly Influenza Bulletin
- Formal/Informal monitoring between local authority and health agencies,

**Sources of information on pressure points**

- Cross sector / multi agency groups,
- Directly from partners, NHS England local team, PHE
- LRF Pandemic Flu Groups
- ALAMAC / SHREWD – information systems to help health and social care teams deliver safer patient care and improve performance

Q4:

- Do you have the necessary links with your local authority, local health providers and other organisations to get you the info you will require in a flu pandemic?
- Are there any gaps?

- All respondents said they had good links across LRF partners including local authorities, health providers and others. The majority (21 LRFs) did not feel there were any gaps.

- The remainder each identified a gap most of which were unique to their area. Examples of these included:
    - Care homes
    - Private social care providers
    - Voluntary services
    - LHRP
    - GPs

Q5:

- Do your local authorities have the necessary links with schools and colleges in your area (both those under LA control, and those not) to get you the information you will require in a flu pandemic?

- All respondents confirmed they had links with schools and colleges in their areas.
- The majority of those who responded to this question (22 LRFs) confirmed good links with schools and colleges in their area and a good two way flow of information

- A smaller number (6 LRFs) flagged up some concerns around communications with academies and free schools.

- North Yorkshire highlighted that universities and colleges have their own business continuity plans and make independent decisions about issues such as closure.

- Several respondents highlighted emergency support and advice lines provided to educational facilities during such incidents as pandemics, including advice given to universities and colleges by directors of public health in respect of the student population.

- Hertfordshire highlighted the distinction between the ability to contact schools etc. with advice and the ability to obtain effective information from these establishments, or to ensure specific action is taken.

Q6:

- Have your pandemic flu plans been tested in the last 24 months?
- If not, are there plans to test them? Have you any concerns on the robustness of the plans for your local area? Will the plans enable business continuity across your local area? Are you confident you have emergency contacts in place to engage all relevant agencies during a flu pandemic

- Over half of LRFs (21) have tested their plans in the last 24 months.

- 6 LRFs tested their plans in 2015

- Of the 7 LRFs who have not tested their plans recently, one (Staffordshire) has its plan under review, and another (Dorset) had an exercise planned for October 2017, which was cancelled.

- 4 LRFs (Cumbria, Norfolk, Nottinghamshire and Surrey) are aiming to test their plans in 2018

- 7 LRFs expressed concern around the robustness of their plans. These concerns were about the ability of the private sector to deliver social care, capacity issues (both in hospitals and in the community), capability gaps, and the impact of resource cuts on plans.

- 25 LRFs felt that their plans were sufficient to enable business continuity across their local area. Only one LRF (Merseyside) had concerns around 3rd party suppliers.

- 18 LRFs said they were confident that they had the emergency contacts to engage all relevant agencies during a flu pandemic.
- 4 LRFs stated were not confident in third party, outsourced or sub-contracted work

Q7:

What do you think the financial impact of pandemic flu would be on local authorities in your area?

- Due to the broad nature of the possible and likely impacts no responders had undertaken any financial impact modelling.
- All respondents agreed the impact would be very significant and costly.
- A wide range of cost impacts were identified including:
  - Cost of clinical equipment, i.e. needles, masks, gloves etc to administer anti-viral medication
  - PPE for social care staff,
  - The level of staff absenteeism requiring contract cover to deliver key services,
  - The funeral costs due to the loss of human life of residents with no family or funds
  - Number of care homes closed and the relocation of their residents
  - Loss of income e.g. from municipal buildings used to dispense anti-viral medication etc.
  - Higher cost of cleaning in public buildings etc

Q8a:

- How do you want to be kept in touch with the outputs from the cross-government work programme on pandemic flu?

**Method of communication**

- 14 LRF's stated a preference for being kept in touch via Gateway / Resilience Direct/ LRF-LHRP routes.
- The remainder preferred that outputs from the cross government working programme should be communicated via a variety of PHE/ NHSE/ local authority director of public health.

- All requested that outputs communicated came from one source to ensure "one version of the truth" and should flow from DH, PHE / NHS and DCLG.
- Comments include that at present there appears to be too many different documents and sources of guidance.

**Key requirements**

- Information should not be conflicting or duplicated.
- Requests for any information should be coordinated to ensure there is no unnecessary work being requested / duplicated requests especially given potential for higher staff absences.
- Use of suitable GATEWAY for communication flows – one communication that goes to all. Bespoke communications have a risk of missing a sector.

Q8b:

- What kind of centrally developed communications for use with local public / local organisations would you like to see regarding preparedness for / prevention of a flu pandemic?

- Updated version of the 2012 UK Pandemic Influenza Communications Strategy.
- Similar toolkit to the seasonal flu –standard messages / templates that can be made local.
- Warning & informing preparatory campaigns – public and organisations / businesses should use to ensure they have appropriate resilience and business continuity arrangements in place.
- Agreed National message to prevent conflicting advice.
- Cross platform digital communications including TV/radio & print options (leaflets/posters).
- NHSE /PHE should lead communications – providing clear, timely messages for all media formats.
- Specific PHE messages sent to GP/ stakeholders.
- Sector specific guidance / care homes/ carers / agriculture/ retail.
- Request for tiered messages in similar fashion to cold weather levels but with lead time to allow for awareness of key health and wellbeing messages to be communicated ahead of potential flu risks becoming apparent in communities.
- 1 LRF (South Yorkshire) requested that centrally developed communications should include an explanation of any legislative easements & regulatory changes to assist implementation of the response to the worst case scenario.

Q8c:

- Would you be interested in attending a workshop on communications to discuss this in more detail?

- The majority of respondents welcomed the proposal of a workshop
- Hertfordshire have examples of good practice they are happy to share local management of multi-agency communications
- Northamptonshire are happy to help with the development of such a workshop.
- Manchester are happy to host such a workshop.
- Hertfordshire considered the emphasis should be on national agencies to provide leadership in this area.

Q9a:

- What communications plans do you have in place currently and how confident are you in them?

- All LRFs (except Northamptonshire) confirmed they have either a communications plan or strategy (some generic / some specific to pan flu).

- Northamptonshire are waiting national communications to be finalised before developing a local response via LRF.

  - Northamptonshire

**Confidence in plans**

- Generally a good level of confidence in their communications plans/ arrangements from all but two LRFs.

- **West Midlands** are very confident in their multi-agency communications plan. Communications plans / strategies are in place and have been robustly tested and have worked well. Social media monitoring is in place. Cascade mechanisms are in place, which include staff briefings, public communications. These are scalable for a pandemic flu situation. Birmingham City council have a community alert system that sends texts to staff and the public who have signed up to the service. (More detail on this initiative is available for sharing on request.)

- Warwickshire and Merseyside **are not confident** in their communication plans for use with pandemic flu.

**Proposed central facility**

- NE Consortium expressed a wish for a central repository for all guidance both pre/during/post pan-flu to prevent confusion as to what guidance is extant and to improve consistency of information.

**Concerns**

- Limited no. of communication officers – some areas discussing pooling resources / mutual aid (e.g. North East Consortium).

Q9b:

- If you do have a communications plan in place, how are you ensuring that messages reach all population groups?

- Social media / voluntary sector / local Stay Well groups.
- Norfolk– have developed a new system to pull together diverse information and feed this into the overall Vulnerable People cell – tested & worked well in 2013 floods.
- Warning & informing Group could be utilised in some LRFs.
- Through local authority commissioner providers e.g. schools, day care, meals on wheels, community resilience groups etc.

Concerns:

- Cheshire were not confident that elderly and non-English speakers would be reached.
- Essex use a non-pandemic specific communications plan and would like to understand how other organisations would reach all population groups during a pandemic (prior/during/post).

Q9c:

- Do you foresee any particular communications 'hotspots' or topics where there may be a high demand for information either around particular groups of people, or around particular themes?
- If so, how do you plan to deal with them? Is there anything missing that should be built into DCLG's pandemic communications plan?

**Hotspots**

- Acute Trusts may be a 'hotspot' in respect of discharges – communication with families, carers, care homes etc. to ensure an level of understanding and management of expectations around timely discharges.
- New / emerging communities may not be aware of the support available to them for prevention or what to do/who to contact if they or someone they know is sick.

- Homeless.
- Assuming the spread is similar to winter flu, children could act as super-spreaders, impacting parents and schools.
- The expectation of next day funerals may be a challenging. Backlogs at funeral directors / Bereavement Services will impact on this expectation..

**Solutions**

- Communications should be provided to people as soon as possible on a variety of themes, especially where delays are foreseen in some services to help manage expectations.
- Need to identify vulnerable people and/or groups and then explore options for engagement.